

State of Connecticut House of Representatives

STATE CAPITOL HARTFORD, CONNECTICUT 06106-1591

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Testimony in favor of HB 5355 An Act Concerning a Dental Hygiene Practitioner Pilot Program.

I'd like to thank the committee for raising this bill. In 2004 legislation was passed to begin the discussion of this concept. It is five years later and we are still discussing it. Unfortunately, as we sit here today there are still 50% of HUSKY eligible children that receive no dental treatment.

This bill seeks to establish a mid-level dental practitioner that can provide restorative dental care in public health settings. Public health settings are often faced with resource constraints. They find it challenging to hire dentists because the pay scale is lower than the private sector. In this time of scarce

health resources it is inefficient to use the most expensive provider to offer services that can be provided by a midlevel practitioner at less cost to the facility and without compromising quality.

While Connecticut received an A from the Pew Foundation in their latest report on dental policies, they cited the lack of a primary care provider as a failing when reviewing our state.

The bill before you establishes a pilot program. I ask your committee to consider amending the language to establish the mid level dental practitioner in law without a pilot. A pilot program will take 18-24 months and result in six practitioners. Without the pilot we estimate a class of thirty who would then be ready to practice in the same time frame.

If the reason for the pilot is to establish efficacy of this practitioner, I submit that this has already been done. Fifty three countries have a mid level dental provider. In the 1970's Forsyth School of Dental Hygiene trained dental hygienists to be mid level providers through the Rotunda Project. Evaluations of those participating lauded the quality of the work as compared to dental students and yet the participants were never allowed to practice because of concerns from the dental community.

The most frustrating aspect for me is that over the years the practitioners that opposed this concept the

loudest did not practice in public health setting and that is still true today. As someone who started in private practice, I was unprepared for the extreme needs of children in the HUSKY program. When I began working at the school dental clinic I saw children in pain that had never seen a dentist. Some had one tooth at five years old; others had large abscesses that were never treated. It was a sobering experience and created the advocate you see before you.

I ask you to amend this legislation to establish a mid level practitioner now without a pilot. Maybe then we can begin to make sure that those 50% of HUSKY children who never get dental treatment will.

Counts per Department of Social Services, CT Dental Health Partnership Count of Ever Eligible Clients; 2009

HUSKY A

Under 21	ever enrolled basis 282,961		
D0100-D9999	All Dental Services	121,389	42.9%
D0100-D1999	Preventative	118,179	41.77%
D2000-D5999	Restorative	44,764	15.82%